

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. FSE (Bed) -	YEAR 2012
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# APPLICATION FOR PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

CASH ☐

CHECK ☐


NORTHAMPTON BOARD OF HEALTH  
212 MAIN STREET  
NORTHAMPTON, MA 01060  
(413) 587 - 1214

**LICENSE FEE: \$100.00**

Date \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_

Name &amp; Title of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Name of Owner (If different) \_\_\_\_\_

If corporation or partnership, give name, title &amp; home address of officers or partners.

Name
Title
Home Address

State of Incorporation	_____	Name & Address of Local Agent	_____
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Type of Establishment	Fee	Duration of Permit	Amount to be Paid
Retail Food	<input type="checkbox"/>	Annual <input checked="" type="checkbox"/>	<b>Total Fee(s):</b>  <div style="border: 1px solid black; padding: 5px; width: fit-content;">\$100.00</div>
Food Service	<input type="checkbox"/>		
Bar Service	<input type="checkbox"/>		
Caterer	<input type="checkbox"/>	Seasonal <input type="checkbox"/>	
Mobile Food	<input type="checkbox"/>		
Mobile Retail	<input type="checkbox"/>		
Residential	<input type="checkbox"/>	Temporary <input type="checkbox"/>	
Bed & Breakfast	<input checked="" type="checkbox"/>		

Water Source _____	<u>Check One:</u> FULL BREAKFAST SERVED <input type="checkbox"/> (Foods other than those listed in "CONTINENTAL" definition)	<u>Check One:</u> BED & BREAKFAST HOME <input type="checkbox"/> (Three or fewer rooms are let and a breakfast is included.)
Sewage Disposal _____	CONTINENTAL BREAKFAST SERVED <input type="checkbox"/> (Foods listed in CONTINENTAL BREAKFAST definition)	BED & BREAKFAST ESTABLISHMENT <input type="checkbox"/> (Four or more rooms are let and a breakfast is included.)

Social Security or Federal ID# \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Signature of Individual or Corporate Officer \_\_\_\_\_

**PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON**